

CITY OF RIVERDALE  
HUMAN RESOURCES  
971 Wilson Road  
Riverdale, GA 30274  
FAX: (770) 996-9913  
E-MAIL: [hr@riverdalega.gov](mailto:hr@riverdalega.gov)  
[www.riverdalega.gov](http://www.riverdalega.gov)



<b>HUMAN RESOURCES USE ONLY</b>

## APPLICATION FOR EMPLOYMENT

*The City of Riverdale is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation. Certain information provided on this application is subject to the Georgia Open Records Act (O.C.G.A. §50-18-70).*

**INSTRUCTIONS:** PLEASE TYPE OR PRINT. Complete both sides of the application. You may attach a resume or other applicable supporting documents, but you must still complete all questions; **and sign the application** or your application will be deemed incomplete and will not be considered. Please fill out each box (do not simply indicate "See Resume.") Applications which do not include the title of the position(s) being applied for will not be considered for any position.

<b>1. NAME</b>		
Last Name	First Name	M.I.
<b>2. SOCIAL SECURITY NUMBER</b>	<b>3. POSITION(S) APPLYING FOR</b>	
<b>4. TODAY'S DATE</b>	<b>5. WHEN AVAILABLE</b>	
<b>6. EMAIL ADDRESS</b>	If you require assistance with the recruitment process due to a disability, please notify our staff.	
<b>NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED OF OR HAVE READ THE JOB DESCRIPTION ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</b>		
7. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job description or occupation for which you have applied? _____ Yes _____ No		
8. Are you legally permitted to work in the United States? _____ Yes _____ No If yes, will you be prepared to produce proof at the time of hire, in accordance with the Immigration Reform and Control Act of 1986? _____ Yes _____ No		
<b>9. CONTACT NUMBERS</b> Home Telephone Number  (   )	<b>10. DRIVER'S LICENSE</b> Do you have a valid license? _____ Yes _____ No License Type: _____ Operator _____ CDL _____ Class  _____ State _____ Exp. Date	
Other Telephone Number (Cell, Beeper)  (   )		
<b>11. PRESENT HOME ADDRESS OR MAILING ADDRESS</b>		
Street Address		
City	State	Zip Code
<b>12. PREVIOUS HOME ADDRESS OR MAILING ADDRESS</b>		
Street Address		
City	State	Zip Code

**13. EDUCATION AND SPECIAL TRAINING (The City reserves the right to determine the acceptability of education credentials.)****HIGH SCHOOL**Circle highest grade completed:      9      10      11      12

Did you graduate? \_\_\_\_\_ Yes      \_\_\_\_\_ No      Equivalence – GED \_\_\_\_ Yes      \_\_\_\_ No      If yes, from what State? \_\_\_\_\_

Name and location of last HIGH SCHOOL attended: \_\_\_\_\_  
School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_**List Colleges/Universities Attended Below**

School Name		Major/Minor Field or Program of Study	
Address		City	State

# Credits Received	Did you graduate? ____ Yes      ____ No	Degree Received (e.g., AA, BS, MA, PhD)	
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School Name		Major/Minor Field or Program of Study	
Address		City	State

# Credits Received	Did you graduate? ____ Yes      ____ No	Degree Received (e.g., AA, BS, MA, PhD)	
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**List Special Training Below (Business, Trade, Vocational, Armed Forces Schools, etc.)**

School Name		Course or Subject Taken	
Address		City	State

Total Months Completed	Licenses or Certifications		
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School Name		Course or Subject Taken	
Address		City	State

Total Months Completed	Licenses or Certifications		
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**14. EMPLOYMENT RECORD** – List all jobs held in the last TEN years and any other jobs relevant to the position for which you are applying. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your PRESENT or MOST RECENT position and work back. BE SPECIFIC – all or part of your rating may depend on the information you provide. If additional space is needed, please use a continuation sheet. Any gaps in employment exceeding 90 days should be listed separately in section 15.

**May we contact your present employer regarding your record of employment?** Yes \_\_\_\_\_ No \_\_\_\_\_ Later \_\_\_\_\_

<b>(Job 1) Present or Most Recent Job</b>						Employer: _____
From		To		Total Time		
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.	Address: _____
Hours per week						
Starting Salary		\$		per		Supervisor's Name, Title and Phone #: _____
Last Salary		\$		per		
						Your Job Title: _____
						Reason for Leaving Position: _____

Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number and titles of employees supervised (if applicable): \_\_\_\_\_

(Job 2) Present or Most Recent Job						Employer: _____ Address: _____ Telephone Number: _____ Supervisor's Name, Title and Phone #: _____ Your Job Title: _____ Reason for Leaving Position: _____
From		To		Total Time		
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.	
Hours per week						
Starting Salary		\$		per		
Last Salary		\$		per		

Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number and titles of employees supervised (if applicable): \_\_\_\_\_

(Job 3) Present or Most Recent Job						Employer: _____ Address: _____ Telephone Number: _____ Supervisor's Name, Title and Phone #: _____ Your Job Title: _____ Reason for Leaving Position: _____
From		To		Total Time		
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.	
Hours per week						
Starting Salary		\$		per		
Last Salary		\$		per		

Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number and titles of employees supervised (if applicable): \_\_\_\_\_

(Job 4) Present or Most Recent Job						Employer: _____ Address: _____ Telephone Number: _____ Supervisor's Name, Title and Phone #: _____ Your Job Title: _____ Reason for Leaving Position: _____
From		To		Total Time		
Mo.	Yr.	Mo.	Yr.	Yrs.	Mths.	
Hours per week						
Starting Salary		\$		per		
Last Salary		\$		per		

Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number and titles of employees supervised (if applicable): \_\_\_\_\_

**15. LIST ANY RELEVANT VOLUNTEER WORK AND ALL PERIODS OF UNEMPLOYMENT EXCEEDING 90 DAYS**

From		To		Description of Activities or Volunteer Work
Mo.	Yr.	Mo.	Yr.	

**16. SPECIFIC SKILLS – List below, the number of months/years applicable experience in skillfully operating machines, computers, heavy equipment, motorized equipment, etc., relative to the position(s) applied for.**

Skills	Title	Number of Years Experience
Microsoft Office		
Word Processing		
Spreadsheet		
Presentation		
E-Mail		
Other		

<b>17. List current membership(s) in professional, job-related organizations:</b> <hr/>	
<b>18. List any active professional, technical, occupational licenses or certificates and registration you now hold:</b> <hr/>	
<b>19. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties:</b> <hr/>	
<b>20. Did you serve in the Armed Services?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, is your discharge under honorable conditions?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>VETERAN'S PREFERENCE:</b> The laws of the State of Georgia [General Provisions Volume 30, Title 43.1.9.(1)(2)(3)] require that points be added to <i>passing examination scores</i> for certain veterans and combat troops of the Armed Forces of the United States. The following types of preferences are currently granted. If you want to apply for Veteran's Preference, check the type below and attach copies of the appropriate document(s) to your application. Copies cannot be returned.</p> <p><input type="checkbox"/> Veteran: DD214; indicating dates of service and type of discharge</p> <p><input type="checkbox"/> Deceased Veteran's Spouse: DD14; marriage certificate; veteran's death certificate or casualty report</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> Deceased Veteran: DD214; Certification of service-connected disability (at least 10%) from the V.A. dated within the last 6 months</p> <p><input type="checkbox"/> Deceased Veteran's Spouse: DD14; marriage certificate; disabled veteran's documents dated within the last 6 months (veteran must have 100% disability).</p> </div> </div>	
<b>21. Have you ever worked for the City of Riverdale? ( ) Yes    ( ) No</b>  If yes, please give date(s) of employment: _____ <hr/>	<b>22. Are you related to a City employee or is any member of your household employed by the City of Riverdale?</b> Yes _____ No _____ If yes, please give the person's Name: _____ <hr/>
<b>23. Have you ever been a defendant in a civil action based on a claim by the plaintiff of an intentional wrong or injury on another person (including but not limited to assault, battery, false imprisonment, negligent or intentional infliction of distress, trespass, etc.)?</b> Yes _____ No _____ If yes, please give: Nature of the offense: _____ Name and location of court: _____ Disposition / status: _____ Date: _____ <hr/>	
<b>23. Since your 18<sup>th</sup> birthday, have you been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pled NOLO CONTENDERE (No Contest) to criminal charges, even if adjudication was withheld? Yes _____ No _____ If yes, please give:</b> Nature of the offense: _____ Name and location of court: _____ Disposition of case: _____ Date: _____ <hr/>	
<b>NOTE: Answering YES to either question 21 or 22 does not automatically mean you cannot be employed by the City of Riverdale. The nature of the offense, how long ago it occurred, etc. are given consideration.</b> <hr/>	
<b>25. How did you <u>first</u> learn about the position for which you are applying? Please check the <u>only</u> response that applies.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> Newspaper ad (please specify) _____</p> <p><input type="checkbox"/> Job Fair (please specify) _____</p> <p><input type="checkbox"/> High School/College or University Job Board (please specify) _____</p> <p><input type="checkbox"/> City of Riverdale Website _____</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> City of Riverdale Jobline _____</p> <p><input type="checkbox"/> City Employee Name: _____</p> <p><input type="checkbox"/> Other _____</p> </div> </div>	
<p><b>APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.</b></p> <p>I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience and training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.</p> <p>The City of Riverdale is hereby authorized to make any investigation of my employment, educational or background history through any investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.</p> <p>If employed by the City of Riverdale, I agree to abide by its rules and regulations. I understand that discovery or misrepresentations or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily and/or regularly work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor.</p> <p>I understand that my employment may be subject to the successful completion of an employment physical examination, and that my continued employment may be conditioned upon satisfactorily continuing to meet job-related physical and mental requirements. If requested, I agree to submit to a job-related physical examination and/or drug and/or alcohol screen, performed by a qualified medical person of the City of Riverdale's choice. Such exam shall be paid for by the City of Riverdale. I also agree that all information concerning said physical examination and/or drug and/or alcohol screen, can be supplied to the City of Riverdale, or an authorized agent of this municipality, upon their request.</p> <p>I further understand that this is an application for employment and that no employment contract, either express or implied, is being offered. I understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any reason or for no reason, and is subject to change in wages, conditions, benefits and operating policies.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature of applicant: _____</div> <div>Date: _____</div> </div>	



## APPLICANT VOLUNTARY SELF-IDENTIFICATION

*Please read all instructions carefully before completing the form.*

**We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.**

This form may be completed by the applicant on a voluntary basis. It is not used for interview purposes. It will be filed separately from the application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

Please identify where you learned about an employment opportunity with the City of Riverdale.

- ☐ Newspaper Ad      ☐ Internet      ☐ Employee      ☐ State Employment Agency  
☐ Other \_\_\_\_\_

### Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

☐ Male      ☐ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- ☐ Hispanic or Latino    ☐ White (Not Hispanic or Latino)    ☐ Black or African American (Not Hispanic or Latino)  
☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)    ☐ Asian (Not Hispanic or Latino)  
☐ American Indian or Alaska Native (Not Hispanic or Latino)    ☐ Two or More Races (Not Hispanic or Latino)

Personal Request for Criminal History  
Consent Release Form

I, the undersigned, hereby authorize the City of Riverdale Police Department to receive any criminal history record information pertaining to me, which may be in the files of any Federal, State, County or local criminal justice file.

Please print clearly:

Full Name: \_\_\_\_\_  
                    LAST                                    FIRST                                    MIDDLE

Complete Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Note: Before signing this Consent Form, check all answers to see that you have answered questions fully and correctly. This Consent Form is to be executed under oath and is subject to the penalties of false swearing.

*Verification*

STATE OF GEORGIA, CLAYTON COUNTY  
CITY OF RIVERDALE

I, \_\_\_\_\_ do solemnly swear or affirm, subject to the penalties of false swearing, that the above information in the foregoing Consent Form is true and correct and that I do willingly give my consent.

Signature (Full Name) \_\_\_\_\_

I hereby certify that \_\_\_\_\_ (the above named individual) signed his or her name to the foregoing Consent Form, stating to me that he or she knew, and understood the reason for this Consent Form, and willingly signed said Consent Form, under oath, administered by me, that said information is true and correct.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public

(Place Notary Seal Above)

*For Official Use Only:*

Business history is being run: \_\_\_\_\_ Requesting Officer: \_\_\_\_\_

Reason history being run: (Check only one)

Pre-employment with the City of Riverdale ☐      Qualification for Police Department ☐      Non-case numbered investigation: ☐  
(Run with purpose code: J)      (Run with purpose code: J)      (Run with purpose code: C)

Liquor Permit ☐      Pawnbroker Permit ☐      Weapon Release ☐  
(Run with purpose code: J)      (Run with purpose code: E)      (Run with purpose code: C)

Pre-employment or Housing, etc... - Outside business ☐  
(Run with purpose code: E)

Date this request was run: \_\_\_\_\_ Operator running this history request: \_\_\_\_\_



EMERGENCY DIAL 911  
Police – 770-996-3382  
Fire – 770-996-1912  
City Hall – 770-997-8989  
Public Works – 770-996-3397

## CITY OF RIVERDALE

971 Wilson Road  
RIVERDALE, GEORGIA 30274

### Notification Form Regarding Consumer Report

Prior to being hired and during the course of your employment, if hired, we may obtain a consumer report and/or an investigative consumer report about you for employment purposes.

The investigative consumer report, also known as a reference check, may include information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers and/or references supplied by you or others. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date on which we receive the request from you or within five days of the time the report was first requested, whichever is later.

The Fair Credit Reporting Act gives you specific rights. If we rely on the report for an adverse action, before taking the adverse action, we will give you a pre-adverse action disclosure that includes a copy of the report and a copy of the document entitled “A Summary of Your Rights Under the Fair Credit Reporting Act.”

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative consumer report about you for employment purposes and authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about you. This authorization shall be valid in original or copy form.

Applicants Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_



EMERGENCY DIAL 911  
Police – 770-996-3382  
Fire – 770-996-1912  
City Hall – 770-997-8989  
Public Works – 770-996-3397

## CITY OF RIVERDALE

971 Wilson Road  
RIVERDALE, GEORGIA 30274

### Release Authorization Form

I hereby authorize the Riverdale Police Department or the City of Riverdale Human Resources Department, to receive any criminal history information pertaining to me which may be in the files of any local, state or federal criminal justice agency. The authorization shall remain in effect from date of signature until such time as my application is rejected or, if employed, my employment is terminated.

I also request and authorize a review and full disclosure of all records concerning me to any authorized agent of the Riverdale Police Department or the City of Riverdale Human Resources Department, whether the records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; internal investigations and disciplinary records; financial or credit institutions or reporting agencies including loans, the records of commercial or retail credit agencies including credit reports and/or ratings, and other financial statements or records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the US Veterans Administration; employment and pre-employment records; and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either civil or criminal, in which I have or have had an interest. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining the suitability for employment by the Riverdale Police Department.

A photocopy or facsimile of this release form will be as valid as an original, even though the photocopy or facsimile does not contain an original writing of my signature.

I hereby release any and all individuals, organizations, previous employers, reporting agencies, and others as stated above from any liability or damage, which may result from furnishing the requested information.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Seal

\_\_\_\_\_  
Date